

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947

Registration District No. 25

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3048

State File No. 21768

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community 8 mos
years, months or days)

3. (a) PRINT FULL NAME EDSON CLARE BOTKIN

3. (b) If veteran, ✓ (c) Social Security name war ✓ No. 2

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Lena Botkin 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June 10 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 16 hr. min.

9. Birthplace Atchison Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name James Caldwell Botkin

13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Lorenda Paine

15. Birthplace Unknown Mich
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lena Botkin

(b) Address 1017 Oak St. Marionville Mo

17. (a) Removal Burial (b) Date thereof 10/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burr Oak, near Skidmore

18. (a) Signature of funeral director Marvin H. Charles

(b) Address Tarfas Mo.

19. (a) 6/11/47 (b) Dea. Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Marionville
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Oak St.
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1947 hour 12 minute 07 A.M.

21. I hereby certify that I attended the deceased from 4-18
1, 1947, to 6-6, 1947.
that I last saw h. alive on 6-6, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Chronic Myocarditis
Due to Chronic Myocarditis
Due to Septicemia

Other conditions 31B
(Include pregnancy within 3 months of death)

Major findings: 31B
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury 1

23. Signature B. H. Paine (M. D. or other)

Address Marionville Mo Date signed 6/8/47

JUL 12 1954

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Marvin H. Schaefer

Licensed Embalmer No. 4162

P. O. Address Jarvis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.